



# OFFICIAL VEHICLE REGISTRATION

550417

### City Stickers:

|  |                                |                          |
|--|--------------------------------|--------------------------|
| VEHICLE OR CURRENT TITLE NUMBER<br><b>34176530</b> | TRANSACTION CODE<br><b>001</b> | REGISTRATION ONLY NUMBER |
|--|--------------------------------|--------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <b>5</b> |                             | MAO <input checked="" type="checkbox"/> <b>N</b> | ILU <input checked="" type="checkbox"/> <b>N</b> |
| STREET NAME<br><b>BOWMAN SALES AND EQUIPMENT INC</b>   | FIRST NAME<br><b>BOWMAN</b> | MIDDLE INITIAL                                   | LAST NAME<br><b>SALES AND EQUIPMENT INC</b>      |

|   |                             |
|---|-----------------------------|
| ADDRESS 1 (MAILING)<br><b>PO BOX 433 % 10233 GOVERNOR LN BLVD</b> | ADDRESS 2 (PHYSICAL)        |
| CITY<br><b>WILLIAMSPORT</b>                                       | STATE<br><b>MD</b>          |
| ZIP CODE<br><b>21795</b>  | CITY<br><b>WILLIAMSPORT</b> |

|   |                                    |   |                                    |                                  |                     |
|---|------------------------------------|---|------------------------------------|----------------------------------|---------------------|
| TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b> | PURCHASE DATE<br><b>06/30/2011</b> | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE #<br><b>301 582 1793</b> | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---|------------------------------------|---|------------------------------------|----------------------------------|---------------------|

|                                     |                                    |                                     |                         |                          |   |   |   |                  |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------|--------------------------|---|---|---|------------------|
| VEHICLE INFORMATION                 | MAKE<br><b>WABA</b>                | MODEL<br><b>DVC</b>                 | YEAR<br><b>1999</b>     | BODY<br><b>SE</b>        | TITLE BRAND - list the appropriate code<br>(N) NEW (1) RECONSTRUCTED VEHICLE<br>(U) USED (2) FLOOD DAMAGE<br>(D) DEMO (3) SPECIALLY CONSTRUCTED<br>(B) PARTS ONLY | CODE<br><b>U</b>  | TYPE OF FUEL - list the appropriate code<br>GAS (1) ELECTRIC-HYBRID (3)<br>DIESEL (2) PROPANE (4) | CODE<br><b>9</b> |
| PREVIOUS TITLE #<br><b>62788001</b> | STATE<br><b>TN</b>                 | PREVIOUS STATES TITLED<br><b>TN</b> | VEHICLE USE<br><b>F</b> | VEHICLE TYPE<br><b>S</b> | CURRENT MILEAGE   | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE<br><b>1</b>  |                  |
| VEHICLE TRADE-IN DESCRIPTION        | COMPANY VEHICLE #<br><b>550417</b> |                                     |                         |                          |   |   |   |                  |

|   |  |                        |                          |                       |                         |                         |   |
|---|--|------------------------|--------------------------|-----------------------|-------------------------|-------------------------|---|
| ADDITIONAL INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |  |                        |                          |                       |                         |                         |   |
| PLATE # (1)<br><b>U328631</b>   | CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b> | VALIDATION # (1)       | COUNTY STICKER # (1)     | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
| TEMP OPERATOR PERMIT # (3)  | # OF SEATS (5)                                 | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)   |                         |                         |   |

|                                    |  |                          |                                |
|------------------------------------|--|--------------------------|--------------------------------|
| LIEN INFORMATION (if lien present) |  |                          |                                |
| LIEN CODE                          | FIRST LIENHOLDER<br><b>SUNTRUST BANK</b> | CITY<br><b>BALTIMORE</b> | LIEN DATE<br><b>06/30/2011</b> |
| STREET                             | STATE<br><b>MD</b>                       | ZIP CODE<br><b>21202</b> |                                |
| SECOND LIENHOLDER                  | CITY                                     | STATE                    | ZIP CODE                       |

|   |                                       |                                    |                              |                              |
|---|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| REGISTRANT INFORMATION (OWNER OF PLATE) | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME                                    | CITY                                  | STATE                              | ZIP CODE                     |                              |

|  |                    |                |                |                                     |
|--|--------------------|----------------|----------------|-------------------------------------|
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) |                    |                |                |                                     |
| VEHICLE PRICE  | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALES TAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| DEALER NAME  | DEALER ADDRESS     | DEALER #       |                |                                     |

|   |                                 |                                    |  |                                  |
|---|---------------------------------|------------------------------------|--|----------------------------------|
| required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title) |                                 |                                    |  |                                  |
| <input type="checkbox"/> LOST   | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED |
| <input type="checkbox"/> ILLEGIBLE  |                                 |                                    |  |                                  |

|   |  |
|---|--|
| I, the undersigned, under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division to determine the accuracy of the information provided by me or on my behalf. |  |
| SIGNATURE OF CERTIFIER/OWNER  | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) |
|   | DATE<br><b>10/19/2011</b>                              |

|  |                                |                        |  |  |                                       |
|--|--------------------------------|------------------------|--|--|---------------------------------------|
| VOICE NUMBER<br><b>11292 @</b>   | COUNTY NAME<br><b>HAMILTON</b> | CO NUMBER<br><b>33</b> | DATE OF APPLICATION<br><b>10/19/2011</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK<br><b>W.F. (BILL) KNOWLES</b> | <b>HJC27</b>                          |
| OFFICE USE ONLY (total fees collected indicated certifies this form as a valid registration) |                                |                        |  |  |                                       |
| REGISTRATION FEE<br><b>79.75</b>   | CREDIT                         | LEASE FEE              | TRANS FEE                                | CLERK FEE<br><b>12.00</b>  | TITLE FEE<br><b>5.50</b>              |
| SALES TAX  | SALES OR USE TAX               | SA TAX                 | LOCAL TAX                                | ADDITIONAL TAX   | TOTAL TAX COLLECTED<br><b>.00</b>     |
| SERVICE OPT FEE  | ORGAN DONOR                    | POSTAGE                | VER                                      | ID / RESIDENCY VERIFICATION  | *TOTAL FEES COLLECTED<br><b>97.25</b> |